


UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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|--|---|
| Attorney Docket No. | 251862US2S |
| First Inventor or Application Identifier | Kohei OIKAWA |
| Title | SEMICONDUCTOR MEMORY DEVICE FOR CORRECTING ERRORS USING ECC (ERROR CORRECTING CODE) CIRCUIT |

| | |
|--|---|
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents | ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313 |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Sheets <input type="text" value="20"/></p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <input type="text" value="4"/></p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <input type="text" value="2"/> a. <input checked="" type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> | ACCOMPANYING APPLICATION PARTS <p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (2)</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>16. <input checked="" type="checkbox"/> Other: Statement of Relevancy</p> |
| <p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.:</p> <p>Prior application information: Examiner: Group Art Unit:</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> | |
| 18. CORRESPONDENCE ADDRESS Customer Number 22850 (703) 413-3000 FACSIMILE: (703) 413-2220 | |

| | | | |
|------------|---|-------------------|---------|
| Name: | Marvin J. Spivak | Registration No.: | 24,913 |
| Signature: |  | Date: | 4/14/04 |
| Name: | C. Irvin McClelland | Registration No.: | |

Registration Number 21,124



Docket No. 251862US2S

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kohei OIKAWA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SEMICONDUCTOR MEMORY DEVICE FOR CORRECTING ERRORS USING ECC (ERROR CORRECTING CODE) CIRCUIT

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

| FOR | NUMBER FILED | NUMBER EXTRA | RATE | CALCULATIONS |
|--|-----------------|-----------------|-----------|--------------|
| TOTAL CLAIMS | 17 - 20 = | 0 | x \$18 = | \$0.00 |
| INDEPENDENT CLAIMS | 2 - 3 = | 0 | x \$86 = | \$0.00 |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable) | | | + \$290 = | \$0.00 |
| <input type="checkbox"/> LATE FILING OF DECLARATION | | | + \$130 = | \$0.00 |
| BASIC FEE | | | | \$770.00 |
| TOTAL OF ABOVE CALCULATIONS | | | | \$770.00 |
| <input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY | | | | \$0.00 |
| <input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE | | | + \$130 = | \$0.00 |
| <input checked="" type="checkbox"/> RECORDATION OF ASSIGNMENT | | | + \$40 = | \$40.00 |
| TOTAL | | | | \$810.00 |

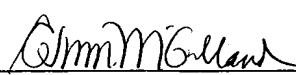
- ☐ Please charge Deposit Account No. 15-0030 in the amount of \$0.00. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ Credit card payment form is attached to cover the filing fee in the amount of **\$810.00**
- ☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: _____

4/14/04


Marvin J. Spivak

Registration No. 24,913

C. Irvin McClelland
Registration Number 21,124

Customer Number

22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 05/03)